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UNCLAS SECTION 01 OF 03 HARARE 000757

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ROME PLEASE PASS TO FODAG

E.O. 12958: N/A

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SUBJECT: USG Response to Zimbabwe HIV/AIDS Crisis

1: Summary: The USG in Zimbabwe is implementing a comprehensive response to the HIV/AIDS pandemic, characterized by close coordination between USAID and CDC programs. These joint efforts have established a strong foundation aimed at HIV/AIDS prevention, care/treatment and mitigation. The USG is now poised to build on and expand these programs to achieve significantly greater impact and, thereby, save additional lives if we have sufficient resources. Specifically, the USG in Zimbabwe is well placed to make progress in high-priority areas, such as expansion and integration of VCT and PMTCT programs, and pragmatic models of ARV treatment. Some remarkable success stories are emerging in Zimbabwe of what can be achieved, even in the absence of strong political leadership and in the midst of crippling socioeconomic and political crises. USG progress on HIV/AIDS in Zimbabwe, due to close teamwork among agencies at post and partnerships with a range of public and private actors, demonstrates that effective response to the pandemic need not remain paralyzed while awaiting political leadership. End Summary.

12. HIV/AIDS Epidemic in Zimbabwe: Over the past several years, Zimbabwe has been wracked by a series of profound and interlocking crises with humanitarian, economic, social and political dimensions. The generalized HIV/AIDS epidemic in particular has helped propel the country towards a humanitarian crisis at both household and national levels. An estimated 2,000 deaths per week are attributed to the epidemic. Many deaths are due to curable conditions like tuberculosis. Stigma remains a major obstacle to progress. It is estimated that only 10% of HIV-infected Zimbabweans know their HIV status. The once-strong national health system, now crippled due to economic constraints and massive out-migration of critical staff, is unable to cope with the demands for care and treatment associated with the epidemic. An estimated 2,300,000 adults and children in Zimbabwe were living with HIV/AIDS in 2001, including an estimated 34% of all adults aged 15-49 years (UNAIDS 2002). Given the high prevalence of infection, mortality rates will escalate for many years to come.

13. Synergistic Coordination: In the face of these deep-rooted problems, the national response to HIV/AIDS moves forward. Some remarkable success stories are emerging in Zimbabwe of what can be achieved in progress against HIV/AIDS, even in the absence of strong political leadership and in the midst of crippling socioeconomic and political crises. To a substantial degree, this progress can be attributed to an unusually synergistic, highly coordinated set of USG activities in Zimbabwe, being implemented by USAID, HHS/CDC, the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), private US companies and NGOs. USG efforts have established a strong foundation of programs aimed at HIV/AIDS prevention, care/treatment and mitigation. We are now poised to build-on and expand these programs to achieve significantly greater impact and, thereby, save additional lives if sufficient resources are available. In addition, both USAID and CDC actively interact with GOZ and domestic and international stakeholders on the programming, monitoring and evaluation of funds pledged to Zimbabwe by the Global Fund for AIDS, TB and Malaria (GFATM).

14. HIV/AIDS Prevention: A major aspect of USG assistance is focused on prevention of HIV/AIDS among youth and young adults. USAID (television) and CDC (radio) have supported the production and broadcast of long-running soap operas/serial dramas that model target behaviors through the use of inspiring stories and character role modeling. USG-sponsored behavior change programming seeks to stimulate demand for key services

such as VCT and PMTCT, and takes direct aim at reduction of stigma and support of people living positively. USAID's television drama is now the highest-rated show on TV in Zimbabwe, and is providing "product placement" opportunities to the CDC-supported radio drama to stimulate listening in the first few weeks of the latter.

15. Voluntary Counseling and Testing (VCT): With a nationwide network of 14 USAID-supported VCT centers in place, large increases in demand for these services are now being experienced, with some clinics seeing over a hundred clients per day and 65,000 per year. Recently piloted mobile VCT services, to reach additional underserved areas of the country, have also resulted in overwhelming demand. These achievements are complemented by strong USAID-supported social marketing campaigns through TV, radio and other media. As a result, USAID is well positioned to expand support for these services, in collaboration with faith and community-based organizations, to keep up with this ever-increasing demand. Knowledge of HIV status is the cornerstone of prevention and behavior change as well as the entry point for expanded HIV/AIDS care and treatment programs. As such, the expansion of VCT services, in traditional and new settings, is critical to realizing an impact on the epidemic.

16. Prevention of Mother to Child Transmission (PMTCT): CDC and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), a private U.S. NGO, have been two principal drivers working to jump-start the national PMTCT program. This has resulted in an energized national PMTCT partnership of key stakeholders who now support this critical intervention in approximately 80 clinics and hospitals. Almost 10% of pregnant women nationwide are now reached by PMTCT, up from fewer than 1% just 2 years ago, with dramatic expansion of coverage possible in the near future. The result is that more and more new mothers are tested, preventative interventions are undertaken, and risk of HIV transmission to newborns is significantly reduced. In order to meet the growing demand and opportunities for PMTCT services, additional resources will be required.

17. VCT and PMTCT Integration: Building on these two programmatic pillars, USAID and CDC are collaborating closely on integrating VCT and PMTCT programs. Our objectives are to increase the cost-effectiveness of each program, to use limited human resources efficiently, and to satisfy the rapidly increasing demand for expanded HIV counseling and testing services among pregnant women, their partners and families. Because the national PMTCT program is principally run through the public health system, integrating VCT and PMTCT programs would require USAID to join with CDC in working with public health authorities. Integrating these programs, and constructing a robust nationwide counseling and testing service that functions in a variety of settings, will provide a firmer foundation on which to construct the delivery of broader care and treatment programs, including ARVs, to pregnant women, their partners and families.

Opportunities: For an additional \$2 million/yr, USG efforts could scale up substantially, possibly reaching 25% of 15-49 yr olds with knowledge of HIV serostatus (through combined PMTCT and VCT) by the end of 2004, rather than the projected increase to 15%.

18. Care/Treatment and Mitigation: The landscape of HIV/AIDS care, treatment and crisis mitigation programs in Africa is rapidly changing, and Zimbabwe is no exception. Hundreds of organizations are at work providing palliative, curative and/or psychosocial care to those infected, affected and/or orphaned by this epidemic. CDC and USAID are collaborating on efforts to improve the design, implementation and coordination of care and mitigation programs so that successful models can be replicated on a broad scale. This includes major efforts to expand successful models for HIV/AIDS care developed by Mission and Church hospitals through CDC's innovative Network for HIV/AIDS Care, Prevention, and Positive Living (CHAPPL) among church-related hospitals. Mission and Church hospitals provide in excess of 50% of all health care services to rural Zimbabweans, as purely government facilities face continued shortages of staff, medicines and other supplies. As for mitigation, USAID has set in place a robust 4.5 million grant program designed to strengthen the capacity of communities and NGOs to better support the needs of orphans and children affected by HIV/AIDS.

19. ARVs: Access to anti-retroviral (ARV) drugs is an evolving issue, on which USG agencies have collaborated extensively and developed a broad set of public-private

partnerships. There are existing institutions that are already providing ARVs on a small scale, and still others that have the capacity but only lack access to the drugs. CDC has worked with the GOZ and leading care specialists to develop guidelines and protocols for ARV treatment as well as to prepare for the laboratory associated treatment requirements. USAID has performed a key comprehensive assessment to examine logistical constraints and required approaches to ARV delivery on a broad scale. CDC has successfully brokered arrangements between Pfizer and the GOZ for the initiation and rapid expansion of the Pfizer Diflucan Donation Program for the life-saving treatment of two significant Opportunistic Infections (OIs) within public and mission hospitals. CDC has brought in expertise from HRSA to assist with training needs for HIV care and ARVs, and is working with NIH-funded grantees from the University of California at San Francisco to share technical expertise in such areas as lab quality assurance for CD4+ and viral load testing, and training for ARV treatment.

Opportunity: For \$3 million/yr, the USG could support pragmatic, well-designed, intensively evaluated highly active anti-retroviral therapy (HAART) programs sustaining perhaps between 3,000 and 5,000 persons with advanced HIV infection.

10. Surveillance/Information/Advocacy/Research: CDC has supported 3 consecutive years of increasingly high-quality HIV surveillance, plus Africa's first combined behavioral and biologic national household survey of young adults. CDC's work has improved understanding of the epidemic, and established baselines on which to measure, monitor and evaluate progress of the national response. USAID and CDC have worked successfully to stimulate improved communication, information dissemination and advocacy efforts among key Zimbabwean organizations, including the initiation of programs to boost the capacity of NGOs to formulate and advocate for improved HIV policies and programs. NIH funded research activities focus primarily on testing and evaluation of behavioral and clinical interventions. However, USAID and CDC work closely with NIH researchers on the ground to incorporate synergies between research and program activities, where and when possible.

11. Human Capacity Development and Retention: For an annual expenditure of less than \$1 million, CDC has supported the strengthening and expansion of the Masters of Public Health and the Masters of Clinical Epidemiology programs at the University of Zimbabwe. In 2002-3, more than 40 masters-level students in Zimbabwe are being supported by these programs. Additionally, support to the faculty for teaching, research, and HIV/AIDS services has had a profound and positive effect on retention of national leaders in their faculty posts.

Opportunity: For an additional \$1 million a year, the field training facilities and related distance learning infrastructure could be strengthened, additional partnerships and exchange programs with US universities and other institutions could be facilitated, and the program could be expanded regionally within southern Africa. SULLIVAN